

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968041	(X3) DATE SURVEY COMPLETED R 07/24/2017
NAME OF PROVIDER OR SUPPLIER TROY & GREG CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 12260 SW 184TH ST MIAMI, FL 33177	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Revisit Survey was conducted on 07/24/2017. Troy and Greg Corp Standard License with Limited Mental Health component, License #12007, had no deficiencies identified at the time of the survey.